

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Erie Indemnity Company PAC - Federal

ADDRESS (number and street)

100 Erie Insurance Place

☐Check if different
than previously
reported. (ACC)

Erie

PA

16530

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00153577

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Gary D. Veshecco

Signature of Treasurer

Electronically Filed by Gary D. Veshecco

Date

01

11

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 47

Write or Type Committee Name
Erie Indemnity Company PAC - Federal

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		
2009		3688.62
(b) Cash on Hand at Beginning of Reporting Period	36664.61	
(c) Total Receipts (from Line 19)	15742.30	49718.29
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	52406.91	53406.91
7. Total Disbursements (from Line 31)	8500.00	9500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43906.91	43906.91
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

3 / 47

Write or Type Committee Name

Erie Indemnity Company PAC - Federal

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	11241.11	39972.74
(ii) Unitemized	4501.19	9745.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)	15742.30	49718.29
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	15742.30	49718.29
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15742.30	49718.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15742.30	49718.29

DETAILED SUMMARY PAGE

of Disbursements

4 / 47

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	8000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	1500.00	1500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	8500.00	9500.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	9500.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 47

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15742.30	49718.29
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15742.30	49718.29
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mark K. Banks

Mailing Address 5123 Flintlock Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6293

Amount of Each Receipt this Period

80.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mark K. Banks

Mailing Address 5123 Flintlock Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6357

Amount of Each Receipt this Period

120.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mark K. Banks

Mailing Address 5123 Flintlock Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6444

Amount of Each Receipt this Period

80.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mark K. Banks

Mailing Address 5123 Flintlock Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6508

Amount of Each Receipt this Period

80.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mark K. Banks

Mailing Address 5123 Flintlock Ln.

City

Roanoke

State

VA

Zip Code

24018

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6575

Amount of Each Receipt this Period

80.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Brinling

Mailing Address 5603 Stoneridge Drive

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6236

Amount of Each Receipt this Period

80.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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PAGE 8 / 47

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Brinling

Mailing Address 5603 Stoneridge Drive

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6297

Amount of Each Receipt this Period

80.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Brinling

Mailing Address 5603 Stoneridge Drive

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

661.24

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6362

Amount of Each Receipt this Period

120.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Brinling

Mailing Address 5603 Stoneridge Drive

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

741.24

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6448

Amount of Each Receipt this Period

80.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 9 / 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Brinling

Mailing Address 5603 Stoneridge Drive

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

821.24

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6512

Amount of Each Receipt this Period

80.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Jeffrey W. Brinling

Mailing Address 5603 Stoneridge Drive

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

901.24

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6579

Amount of Each Receipt this Period

80.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 23840 State Road 213

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6237

Amount of Each Receipt this Period

50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 23840 State Road 213

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6298

Amount of Each Receipt this Period

50.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 23840 State Road 213

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6363

Amount of Each Receipt this Period

75.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 23840 State Road 213

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6449

Amount of Each Receipt this Period

50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 23840 State Road 213

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6513

Amount of Each Receipt this Period

50.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Patrick Burns

Mailing Address 23840 State Road 213

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Claims Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6580

Amount of Each Receipt this Period

50.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6240

Amount of Each Receipt this Period

153.84

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

253.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

615.36

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6301

Amount of Each Receipt this Period

153.84

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

846.12

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6366

Amount of Each Receipt this Period

230.76

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6452

Amount of Each Receipt this Period

153.84

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

538.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6516

Amount of Each Receipt this Period

153.84

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Marcia A. Dall

Mailing Address 33 Old Stone Xing

City

West Hartford

State

CT

Zip Code

06117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP & CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1307.64

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6583

Amount of Each Receipt this Period

153.84

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mark Dombrowski

Mailing Address 4361 Cooper Road

City

Erie

State

PA

Zip Code

16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6242

Amount of Each Receipt this Period

50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

357.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mark Dombrowski

Mailing Address 4361 Cooper Road

City

Erie

State

PA

Zip Code

16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6303

Amount of Each Receipt this Period

50.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mark Dombrowski

Mailing Address 4361 Cooper Road

City

Erie

State

PA

Zip Code

16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6368

Amount of Each Receipt this Period

75.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mark Dombrowski

Mailing Address 4361 Cooper Road

City

Erie

State

PA

Zip Code

16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6454

Amount of Each Receipt this Period

50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mark Dombrowski

Mailing Address 4361 Cooper Road

City State Zip Code
 Erie PA 16510

FEC ID number of contributing federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6518

Amount of Each Receipt this Period

50.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mark Dombrowski

Mailing Address 4361 Cooper Road

City State Zip Code
 Erie PA 16510

FEC ID number of contributing federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6585

Amount of Each Receipt this Period

50.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

George Dufala

Mailing Address 4896 Thoroughbred Loop

City State Zip Code
 Erie PA 16506

FEC ID number of contributing federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6304

Amount of Each Receipt this Period

40.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

George Dufala

Mailing Address 4896 Thoroughbred Loop

City State Zip Code
Erie PA 16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6369

Amount of Each Receipt this Period

60.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

George Dufala

Mailing Address 4896 Thoroughbred Loop

City State Zip Code
Erie PA 16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6455

Amount of Each Receipt this Period

40.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

George Dufala

Mailing Address 4896 Thoroughbred Loop

City State Zip Code
Erie PA 16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6519

Amount of Each Receipt this Period

40.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

George Dufala

Mailing Address 4896 Thoroughbred Loop

City

Erie

State

PA

Zip Code

16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6586

Amount of Each Receipt this Period

40.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Douglas N. Fitzgerald

Mailing Address 2311 Wedgewood Way

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6522

Amount of Each Receipt this Period

38.50

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Douglas N. Fitzgerald

Mailing Address 2311 Wedgewood Way

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Regional Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

269.50

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6589

Amount of Each Receipt this Period

38.50

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

117.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Theresa M. Gamble

Mailing Address 1049 W 24th Street

City

Erie

State

PA

Zip Code

16502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	9	

Transaction ID: SA11AI.6373

Amount of Each Receipt this Period

45.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Theresa M. Gamble

Mailing Address 1049 W 24th Street

City

Erie

State

PA

Zip Code

16502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	9	

Transaction ID: SA11AI.6459

Amount of Each Receipt this Period

30.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Theresa M. Gamble

Mailing Address 1049 W 24th Street

City

Erie

State

PA

Zip Code

16502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	9	

Transaction ID: SA11AI.6523

Amount of Each Receipt this Period

30.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Theresa M. Gamble

Mailing Address 1049 W 24th Street

City

Erie

State

PA

Zip Code

16502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6590

Amount of Each Receipt this Period

30.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

699.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6250

Amount of Each Receipt this Period

155.46

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

855.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6311

Amount of Each Receipt this Period

155.46

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

340.92

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1088.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	9

Transaction ID: SA11AI.6376

Amount of Each Receipt this Period

233.19

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1243.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.6462

Amount of Each Receipt this Period

155.46

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1399.14

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	9

Transaction ID: SA11AI.6526

Amount of Each Receipt this Period

155.46

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

544.11

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Gregory J. Gutting

Mailing Address 529 Sybil Dr.

City

Erie

State

PA

Zip Code

16505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1554.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6593

Amount of Each Receipt this Period

155.46

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6251

Amount of Each Receipt this Period

84.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

708.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6312

Amount of Each Receipt this Period

84.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

323.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

834.90

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6377

Amount of Each Receipt this Period

126.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

918.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6463

Amount of Each Receipt this Period

84.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1002.90

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6527

Amount of Each Receipt this Period

84.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

294.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Terry L. Hamman

Mailing Address 3020 Atoll Drive

City

Lewis Center

State

OH

Zip Code

43035

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1133.10

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6594

Amount of Each Receipt this Period

130.20

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Larry J. Hasbrouck

Mailing Address 1525 Split Oak Lane, Apt. D

City

Richmond

State

VA

Zip Code

23229-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.46

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6464

Amount of Each Receipt this Period

18.86

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Larry J. Hasbrouck

Mailing Address 1525 Split Oak Lane, Apt. D

City

Richmond

State

VA

Zip Code

23229-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.32

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6528

Amount of Each Receipt this Period

18.86

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

167.92

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Larry J. Hasbrouck

Mailing Address 1525 Split Oak Lane, Apt. D

City

Richmond

State

VA

Zip Code

23229-5240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Supervisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.18

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6595

Amount of Each Receipt this Period

18.86

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

John F. Kearns

Mailing Address 5804 Wind Chime Ln.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6257

Amount of Each Receipt this Period

154.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

John F. Kearns

Mailing Address 5804 Wind Chime Ln.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

539.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6320

Amount of Each Receipt this Period

154.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

326.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

John F. Kearns

Mailing Address 5804 Wind Chime Ln.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6383

Amount of Each Receipt this Period

231.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

John F. Kearns

Mailing Address 5804 Wind Chime Ln.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

924.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6469

Amount of Each Receipt this Period

154.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

John F. Kearns

Mailing Address 5804 Wind Chime Ln.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6533

Amount of Each Receipt this Period

154.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

539.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

John F. Kearns

Mailing Address 5804 Wind Chime Ln.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1232.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6601

Amount of Each Receipt this Period

154.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Christine L. Lucas

Mailing Address 2152 Lorwood Dr.

City

Erie

State

PA

Zip Code

16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6472

Amount of Each Receipt this Period

30.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Christine L. Lucas

Mailing Address 2152 Lorwood Dr.

City

Erie

State

PA

Zip Code

16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6538

Amount of Each Receipt this Period

30.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

214.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Christine L. Lucas

Mailing Address 2152 Lorwood Dr.

City State Zip Code
Erie PA 16510

FEC ID number of contributing federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Regional Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6605

Amount of Each Receipt this Period

30.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

George R. Lucore

Mailing Address 928 Lord Rd.

City State Zip Code
Fairview PA 16415

FEC ID number of contributing federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6260

Amount of Each Receipt this Period

80.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

George R. Lucore

Mailing Address 928 Lord Rd.

City State Zip Code
Fairview PA 16415

FEC ID number of contributing federal political committee.

C

Name of Employer
Erie Insurance GroupOccupation
Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6323

Amount of Each Receipt this Period

80.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

George R. Lucore

Mailing Address 928 Lord Rd.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6388

Amount of Each Receipt this Period

120.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

George R. Lucore

Mailing Address 928 Lord Rd.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6473

Amount of Each Receipt this Period

80.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

George R. Lucore

Mailing Address 928 Lord Rd.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6539

Amount of Each Receipt this Period

80.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

George R. Lucore

Mailing Address 928 Lord Rd.

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6606

Amount of Each Receipt this Period

80.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Christina M. Marsh

Mailing Address 2805 Ash St., Apt. 2

City

Erie

State

PA

Zip Code

16504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

243.58

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6390

Amount of Each Receipt this Period

60.90

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Christina M. Marsh

Mailing Address 2805 Ash St., Apt. 2

City

Erie

State

PA

Zip Code

16504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.18

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6475

Amount of Each Receipt this Period

40.60

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

181.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Christina M. Marsh

Mailing Address 2805 Ash St., Apt. 2

City

Erie

State

PA

Zip Code

16504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.78

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6541

Amount of Each Receipt this Period

40.60

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Christina M. Marsh

Mailing Address 2805 Ash St., Apt. 2

City

Erie

State

PA

Zip Code

16504

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.38

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6608

Amount of Each Receipt this Period

40.60

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Patrick J. McMichael

Mailing Address 601 Valley Hill Ln.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

232.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6263

Amount of Each Receipt this Period

58.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

139.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Patrick J. McMichael

Mailing Address 601 Valley Hill Ln.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6326

Amount of Each Receipt this Period

58.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Patrick J. McMichael

Mailing Address 601 Valley Hill Ln.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

377.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6391

Amount of Each Receipt this Period

87.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Patrick J. McMichael

Mailing Address 601 Valley Hill Ln.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6476

Amount of Each Receipt this Period

58.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

203.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Patrick J. McMichael

Mailing Address 601 Valley Hill Ln.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6542

Amount of Each Receipt this Period

58.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Patrick J. McMichael

Mailing Address 601 Valley Hill Ln.

City

Knoxville

State

TN

Zip Code

37922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6609

Amount of Each Receipt this Period

58.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4852 Appaloosa Ct.

City

Erie

State

PA

Zip Code

16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Strategic Risk Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.07

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6329

Amount of Each Receipt this Period

44.46

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

160.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4852 Appaloosa Ct.

City State Zip Code
Erie PA 16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Strategic Risk Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.76

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6393

Amount of Each Receipt this Period

66.69

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4852 Appaloosa Ct.

City State Zip Code
Erie PA 16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Strategic Risk Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.22

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6478

Amount of Each Receipt this Period

44.46

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4852 Appaloosa Ct.

City State Zip Code
Erie PA 16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Strategic Risk Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.68

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6544

Amount of Each Receipt this Period

44.46

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

155.61

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

David J. Miller

Mailing Address 4852 Appaloosa Ct.

City

Erie

State

PA

Zip Code

16506

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Strategic Risk Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.14

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6611

Amount of Each Receipt this Period

44.46

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Matthew W. Myers

Mailing Address 6515 Honey Ln.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6269

Amount of Each Receipt this Period

100.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Matthew W. Myers

Mailing Address 6515 Honey Ln.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6332

Amount of Each Receipt this Period

100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

244.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 47

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Matthew W. Myers

Mailing Address 6515 Honey Ln.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6396

Amount of Each Receipt this Period

150.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Matthew W. Myers

Mailing Address 6515 Honey Ln.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6481

Amount of Each Receipt this Period

100.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Matthew W. Myers

Mailing Address 6515 Honey Ln.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6547

Amount of Each Receipt this Period

100.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 47

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Matthew W. Myers

Mailing Address 6515 Honey Ln.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6614

Amount of Each Receipt this Period

100.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

728.55

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6271

Amount of Each Receipt this Period

97.14

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.69

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6336

Amount of Each Receipt this Period

97.14

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

294.28

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 37 / 47

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

971.40

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6402

Amount of Each Receipt this Period

145.71

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1068.54

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6486

Amount of Each Receipt this Period

97.14

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1165.68

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6553

Amount of Each Receipt this Period

97.14

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

339.99

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 38 / 47

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mr. Eric D. Root

Mailing Address 6775 Manchester Beach Rd

City

Fairview

State

PA

Zip Code

16415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Branch Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1262.82

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6619

Amount of Each Receipt this Period

97.14

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Sheryl A. Rucker

Mailing Address 3500 Dunn Valley Rd.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6337

Amount of Each Receipt this Period

50.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Sheryl A. Rucker

Mailing Address 3500 Dunn Valley Rd.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6403

Amount of Each Receipt this Period

75.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

222.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Sheryl A. Rucker

Mailing Address 3500 Dunn Valley Rd.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6487

Amount of Each Receipt this Period

50.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Sheryl A. Rucker

Mailing Address 3500 Dunn Valley Rd.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6554

Amount of Each Receipt this Period

50.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Sheryl A. Rucker

Mailing Address 3500 Dunn Valley Rd.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6620

Amount of Each Receipt this Period

50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Amy R. Thompson

Mailing Address 10070 Sampson Rd.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

217.08

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6561

Amount of Each Receipt this Period

24.12

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Amy R. Thompson

Mailing Address 10070 Sampson Rd.

City

Erie

State

PA

Zip Code

16509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.20

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6627

Amount of Each Receipt this Period

24.12

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Gary Veshecco

Mailing Address 845 Townhall Road

City

Waterford

State

PA

Zip Code

16441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6281

Amount of Each Receipt this Period

200.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

248.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Gary Veshecco

Mailing Address 845 Townhall Road

City

Waterford

State

PA

Zip Code

16441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6346

Amount of Each Receipt this Period

200.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Gary Veshecco

Mailing Address 845 Townhall Road

City

Waterford

State

PA

Zip Code

16441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6412

Amount of Each Receipt this Period

300.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Gary Veshecco

Mailing Address 845 Townhall Road

City

Waterford

State

PA

Zip Code

16441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1900.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6498

Amount of Each Receipt this Period

200.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 47

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Gary Veshecco

Mailing Address 845 Townhall Road

City

Waterford

State

PA

Zip Code

16441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6564

Amount of Each Receipt this Period

200.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Gary Veshecco

Mailing Address 845 Townhall Road

City

Waterford

State

PA

Zip Code

16441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Division Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6630

Amount of Each Receipt this Period

200.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Robert Wilburn

Mailing Address 11921 Triple Crown Rd

City

Reston

State

VA

Zip Code

20191

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation

Board of Directors

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.6223

Amount of Each Receipt this Period

1000.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Jack W. Wood

Mailing Address 4167 Mountain Laurel Dr.

City State Zip Code
Erie PA 16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.6349

Amount of Each Receipt this Period

40.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Jack W. Wood

Mailing Address 4167 Mountain Laurel Dr.

City State Zip Code
Erie PA 16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.6415

Amount of Each Receipt this Period

60.00

PAC Contribution

C.

Full Name (Last, First, Middle Initial)

Jack W. Wood

Mailing Address 4167 Mountain Laurel Dr.

City State Zip Code
Erie PA 16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.6501

Amount of Each Receipt this Period

40.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Jack W. Wood

Mailing Address 4167 Mountain Laurel Dr.

City State Zip Code
 Erie PA 16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.6567

Amount of Each Receipt this Period

40.00

PAC Contribution

B.

Full Name (Last, First, Middle Initial)

Jack W. Wood

Mailing Address 4167 Mountain Laurel Dr.

City State Zip Code
 Erie PA 16510

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erie Insurance Group

Occupation
Department Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.6633

Amount of Each Receipt this Period

40.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

11241.11

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 / 47

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Citizens for Arlen Specter

Mailing Address 236 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
PAC Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6290

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	0	9

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

PCI PAC

Mailing Address 2600 South River Road

City Des Plaines State IL Zip Code 60018-3286

Purpose of Disbursement
PAC Contribution

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.6572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

7000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 46 / 47

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Mark Basnight

Mailing Address PO Box 26202

City
Raleigh

State
NC

Zip Code
27611

Purpose of Disbursement
PAC Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6425

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Citizens for Brian Feldman

Mailing Address P.O. Box 34408

City
Bethesda

State
MD

Zip Code
20827

Purpose of Disbursement
PAC Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6424

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Hoyle

Mailing Address 220 Hillsborough Street

City
Raleigh

State
NC

Zip Code
27603

Purpose of Disbursement
PAC Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6431

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 47 / 47

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Erie Indemnity Company PAC - Federal

A.

Full Name (Last, First, Middle Initial)

Clark Jenkins

Mailing Address 220 Hillsborough Street

City
Raleigh

State
NC

Zip Code
27603

Purpose of Disbursement
PAC Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6437

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Tony Rand

Mailing Address 220 Hillsborough Street

City
Raleigh

State
NC

Zip Code
27603

Purpose of Disbursement
PAC Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6440

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Darrin Rankin

Mailing Address PO Box 480188

City
Charlotte

State
NC

Zip Code
28269

Purpose of Disbursement
PAC Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.6427

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

750.00

TOTAL This Period (last page this line number only)

1500.00